

Methods: Patients undergoing laparoscopic resection for IBD between January 2009 and December 2013 were included. Surgical procedures were sub-divided in six critical steps in order to define the procedure as: Supervised Trainee Performed (STP), when the trainer was present unscrubbed in theatre or assisting, or Trainer Performed (TNER), when the trainer performed 2 or more critical steps. Data was collected retrospectively. 30-day mortality and 30-day morbidity were the primary outcomes. Secondary outcomes included reoperations and rehospitalisation within 30 days of discharge, conversion rate and length of hospital stay.

Results: 151 patients were included. 77 (50.99%) STP and 74 (49.01%) TNER. No deaths occurred. Overall, 30-day morbidity was 27.15% with no differences between the groups (28.57% STP vs 25.67% TNER, $P = 0.68$). There were no significant differences between the two groups in terms of secondary outcome measures. Unsurprisingly, operating time was significantly longer in the STP group (166.6 ± 53.31 STP vs 130.4 ± 49.15 TNER, $P < 0.0001$).

Conclusion: Laparoscopic surgery for IBD performed by a surgical trainee in a supervised setting is safe compared to trainer performed procedures.

0075: AUDITING AUDITS: MEANINGFUL OR JUST MANDATORY?

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Aim: Audit is a mandatory part of medical training; we hypothesise that most surgical audits are rudimentary, conducted only to fulfil requirements that one audit is performed annually.

Methods: Data was collected using audits registered in the surgical directorate (including anaesthetics for comparison) of one NHS trust over the last 5 years. Information recording when the projects were both registered, completed presented and re-audit undertaken was analysed to determine whether audits at that trust influenced change in practice. Other criteria analysed, included whether the project was an audit or research, whether it was presented locally, at a higher level, or published.

Results: 173 audits were included; 98 registered by a general surgical specialty, and 75 by anaesthetics. 21 were re-audits. Of those completed, 75% of surgery and 96% of anaesthetic audits were presented at least at a local meeting ($p = 0.053$). Interestingly 25% of the completed surgical audits were never presented.

Conclusion: Results of a significant proportion of completed audits were not fed back to the department; this suggests that completion of the audit is what is important rather than improving patient care. We suggest a more considered approach towards trainee audit, specifically looking for audits that change practice.

0082: CROSS SPECIALTY, SIMULATION BASED BASIC ENDOVASCULAR SKILLS TRAINING (SBT): AN EFFECTIVE MODEL FOR IMPROVING TRAINEES' CONFIDENCE AND INTEREST, AND ENHANCING PATIENT SAFETY

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Aim: To assess the appropriateness, suitability and effectiveness of early stage cross specialty SBT.

Methods: Basic Endovascular Skills (BES) is designed for specialty trainees (ST). Foundations in Endovascular Practice (FEP) is designed specifically for Foundation level trainees (FLT). The first courses of their kind in the UK. Training is focused on core principles of "safe arterial access, navigation and closure". All attending trainees completed baseline and post-course questionnaires scoring confidence in various elements of endovascular practice on a standard visual analogue scale (VAS). Several statements were rated on a 5-point Likert scale. Scores were analysed using Wilcoxon matched pairs signed ranks test.

Results: 145 trainees have completed BES ($n = 71$) or FEP ($n = 62$) (March 2012 – October 2013). 103 completed pre and post-course questionnaires. Trainees recorded greater confidence in safe arterial access ($p = 0.00$), safe arterial closure ($p = 0.00$) and all elements of safe navigation ($p = 0.00$). FLT strongly agreed they had "more confidence making a career choice into their chosen specialty" ($p = 0.00$). All agreed that training alongside

colleagues from other endovascular specialties was useful. Written testimony was overwhelmingly positive.

Conclusion: SBT offer a successful method of promoting recruitment into endovascular specialties, improving trainee's endovascular technique thus maximising patient safety.

0089: WEEKLY SOCIAL GATHERINGS TO IMPROVE CARDIOTHORACIC TRAINEE SATISFACTION AT GOLDEN JUBILEE NATIONAL HOSPITAL

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Aim: Cardiothoracic Surgery is a demanding specialty where its trainees are constantly striving to meet the training requirements be it research or surgical experience. Traditionally, trainees would embark on a weekly session at the pub to socialize. This however has become difficult with the EWTD, whereby trainees spend more time in hospitals to meet training requirements. The consequences of this can lead to fatigue, dissatisfaction and isolation. Since August 2014, a weekly social gathering at a restaurant/bar was started at the GJNH every Thursday, to allow trainees to get to know each other better. Since its commencement, there have been 9 outings with good attendances for each. Could this improve trainee satisfaction?

Methods: 12 Trainees who attended at least 2 sessions mentioned above were handed Visual Analogue Scales delineating 8 different aspects with guiding questions. The results were tabulated and the mean was calculated.

Results: Trainees felt team working and communication were greatly improved with social gatherings. They also reported less fatigue at work the next day alongside favourable scores in all other aspects.

Conclusion: Weekly social gatherings improve work dynamics and the relationship of trainees with each other, allowing a much improved working environment.

0111: EVALUATION OF AN EWTD-COMPLIANT CORE SURGICAL TRAINEE ROTA: THE RISE OF THE ABSENTEE SHO

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Aim: With the introduction of the European Working Time Directive, core surgical trainees have had shift work forced upon their rotas. This has led to reduced training opportunities, fragmented firms and impaired continuity of care.

Methods: Rota data was collected on core surgical trainees covering busy plastics and ENT firms at a Major Trauma and Tertiary Referral Centre. Evaluation of daytime presence of SHOs on their firms between Mondays and Fridays was conducted and reasons for absence explored. Impact on exposure to training opportunities was assessed.

Results: Weekday absence of core trainees ranged from 29 – 61% over a four month period. Of these absences, 58 – 67% were mandatory as per EWTD. Twenty-one percent of one firm's working days were totally unstaffed by SHOs. A combination of on-call lieu days, study leave, night shifts and annual leave contributed to these deficits.

Conclusion: Rising sub-specialisation within large surgical centres demands the continuity of care provided by experienced SHOs. This study has demonstrated that the EWTD constraints continue to force absence on keen trainees during crucial training hours. The resultant loss of training opportunities will be discussed.

0121: HIGHER SPECIALIST UROLOGY TRAINEES' OPINIONS ON PREPARATION FOR THE CONSULTANT ROLE

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Aim: Trainees are objectively assessed during their specialty training to become consultants. Our study looks at senior trainees' opinions on UK urology training in preparation to becoming a consultant.

Methods: A questionnaire was sent to UK senior urology trainees ST6 or above and new consultants. Parameters including demographics, qualifications, and questions related to the candidates' perceived readiness to carry out a range of activities as a consultant were recorded.